

PATENT Docket No. 361722000320

## DECLARATION FOR UTILITY PATENT APPLICATION

## AS A BELOW-NAMED INVENTOR, I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: HIGH PRESSURE APPLICATOR, the specification of which is attached hereto unless the following box is checked:

was filed on September 30, 1999 as United States Application Serial No. 09/409,934.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE.

I acknowledge the duty to disclose information which is material to the patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application No.	Country	Date of Filing (day/month/year)	Priority (	laimed?
			□Yes	□No

I hereby claim benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Serial No.	Filing Date
	1

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date

Name:

Howard E. PREISSMAN

Residence:

2140 JONATHAN AVENUE

Citizenship:

USA

Post Office Address:

San Jose, California 95125

## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Signature

Application Number	09/409,934
Confirmation Number	unassigned
Filing Date	September 30, 1999
First Named Inventor	Howard Preissman
Examiner	M. Priddy
Group Art	3732
Attorney Docket No.	PALX-003-CIP

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint:

	Name	Registration No.	Name	Registration No.
7	Karl Bozicevic	28,807	Carol M. LaSalle	39,740
	Carol L. Francis	36,513	Pamela J. Sherwood	36,677
4	Cheryl L. Franke	44,113	Paula A. Borden	42,344
F. III #	Alan W. Cannon	34,977	Frank P. Becking	42,309
	Bret E. Field	37,620	Kathleen S. Hall	44,143
₽ .			Robert C. Hall	39,209

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected herewith.

Name L					
Address	BOZICEVIC,	BOZICEVIC, FIELD & FRANCIS LLP			
Address	200 Middlefie	200 Middlefield Road, Suite 200			
City, State, Zip	Menlo Park, CA 94025				
Country	US	Telephone - direct dial	650-327-3400	Facsimile	650-327-3231
I am the:					
Applicant.					
Assignee of rec	ord of the entire interest Cert	tificate under 37CFR3.73(b) is e	enclosed.		
	SIGNATUR	RE of Applicant or Assigne	e of Record		
Name and Company	Parallax Medical, Inc.		Title	Proside	ntacte



Date